

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenn E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 OCT 21 AM 8:00

DOCUMENT # **P02000047922**

1. Corporation Name

**DOUG LEVIN MOTOR SPORTS, INC.**

Principal Place of Business

Mailing Address

349 NW 170 STREET  
 MIAMI FL 33169

349 NW 170 STREET  
 MIAMI FL 33169



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/26/2002

Suite, Apt., #, etc.

Suite, Apt., #, etc.

5. FEI Number

Applied For  
 Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LEVIN, DOUG	2100 NE 173 ST	NORTH MIAMI BEACH FL 33162

900023965979  
 10/21/03--01044--010 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVIN, DOUG  
 349 NW 170 STREET  
 MIAMI FL 33169

Name  
**Lucretia Fabreant, CPA, PA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 SE 2nd St, # 3710**  
 Suite, Apt., Etc.  
**Stc 3710**  
 City  
**MIAMI**  
 State  
**FL**  
 Zip Code  
**33131**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Date 10/10/03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Doug Levin / Doug Levin 10/09/03 305 249-7223  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

10/24/03

LORETTA FABRICANT C.P.A. P.A.

October 17, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Doug Levin Motor Sports, Inc.

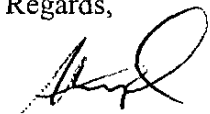
To Whom It May Concern:

We are requesting the one-time abatement of the reinstatement penalties. Our client had been in and out of town much of this year and his employee that received the mail never gave him his first or second notice.

Enclosed please find his application for reinstatement as well as his check for \$150. Please reinstate this corporation at your earliest convenience.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Regards,



Stacy Sand, CPA